



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-1

November 25, 2014

BRENNYN GAGNON, TREASURER  
CONSTITUTIONAL RIGHT BY THE PEOPLE  
AND FOR THE PEOPLE; THE

3 GROVE ST  
FAIR HAVEN, ~~VT~~ 05743  
VT 05743

**Response Due Date**  
**12/30/2014**

IDENTIFICATION NUMBER: C00570127

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the Statement of Organization referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received by the response date noted above.** Additional information is needed for the following 4 item(s):

1. The name of your Principal Campaign Committee (PCC) does not include the candidate's name. Commission Regulations require that your PCC include the name of the candidate who authorized the committee. (11 CFR § 102.14(a)) Please amend your Statement of Organization (FEC Form 1) to disclose a Principal Campaign Committee name that also includes name of the candidate.
2. Your Statement of Organization (FEC Form 1) reports information about a Principal Campaign Committee; however, your filing fails to disclose information about the candidate in Section 5 of the form. Commission regulations require that the Statement of Organization disclose the name of the candidate, the office sought (including State and Congressional district, when applicable), and party affiliation of the candidate. (11 CFR § 102.2(a)(v)) Please amend your Statement of Organization to include the party affiliation.
3. You have failed to disclose the name and address of your treasurer on your Statement of Organization (FEC Form 1). Commission Regulations require that the Statement of Organization disclose the name and address of the treasurer of the committee. (11 CFR § 102.2(a)(iv)). Please amend your Statement of Organization to include the missing information.
4. Your committee failed to designate a campaign depository on Line 9. Please

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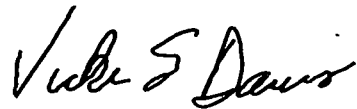
Page 2 of 2

be advised that each registered political committee must designate a campaign depository or depositories. The committee must maintain at least one checking account or transaction account at one of the depositories. Please amend your Statement of Organization (FEC Form 1) to disclose the committee's depository. (11 CFR § 102.2(a)(1)(vi) and 11 CFR §103.2)

**Please note you will not receive an additional notice from the Commission on this matter.** Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

A copy of FEC FORM 1 can be downloaded from the FEC website at <http://www.fec.gov>, or requested through the FEC Faxline at (202) 501-3413. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1155.

Sincerely,



Vicki Davis  
Senior Campaign Finance Analyst  
Reports Analysis Division

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

OFFICE USE ONLY: 53

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FEDERAL MAIL CENTER

The Committee to Elect John Wood

ADDRESS (number and street)

31 Grove St

☐

(Check if address  
is changed)

Fair Haven

CITY ▲

Vt

STATE ▲

05743

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

JSWooddy@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

11

06

2014

3. FEC IDENTIFICATION NUMBER ►

C00570127

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brenna Gagnon

Signature of Treasurer

Brenna Gagnon

Date

12

02

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

John Joseph Wood

Candidate Party Affiliation

☐

Office Sought:

☐

House

☐

Senate

☒

President

State

☒

District

☐

- (c) ☒ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

John Joseph Wood

**Party Committee:**

- (d) ☒ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

Independent

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.

☐

FEC ID number

☐

2.

☐

FEC ID number

☐

3.

☐

FEC ID number

☐

4.

☐

FEC ID number

☐

Write or Type Committee Name

The Committee to elect John Wood

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

13 Grande St

Fair Haven

CITY

VT

STATE

05743

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Briannyn Gagnon

Mailing Address

144 West St

Fair Haven

CITY

VT

STATE

05743

ZIP CODE

Title or Position

Treasurer

Telephone number

802-353-5995

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

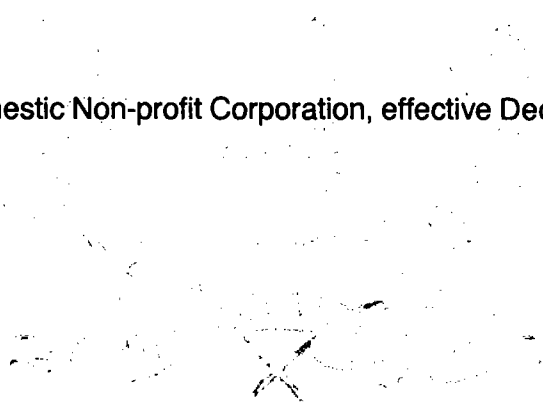
The Office of Secretary of State hereby grants a

Certificate of Incorporation

to

THE COMMITTEE TO ELECT JOHN WOOD CO

A Vermont Domestic Non-profit Corporation, effective December 17, 2014



December 18, 2014

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital



*James C. Condos*

James C. Condos  
Secretary of State

**VERMONT SECRETARY OF STATE****Corporations Division**

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

DELIVERY ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

PHONE: 802-828-2386

WEBSITE: www.sec.state.vt.us

**CERTIFICATE OF INCORPORATION****\*\*ELECTRONICALLY FILED\*\***

FILING DATE: 12/17/2014

EFFECTIVE DATE: 12/17/2014

**BUSINESS INFORMATION**

|                      |  |
|----------------------|--|
| BUSINESS ID          | 0298017  |
| BUSINESS NAME        | THE COMMITTEE TO ELECT JOHN WOOD CO  |
| BUSINESS TYPE        | Domestic Non-profit Corporation  |
| BUSINESS DESCRIPTION | This is a Political Organization (as defined by IRS Code 527 exemption status) formed for the purpose of influencing or attempting to influence the selection, nomination, election or appointment of an individual to a federal, state, or local public office or office in a political organization. |
| BUSINESS EMAIL       | Bgagnon82@yahoo.com  |

**STATUS AS A MEMBER ORGANIZATION**

|   |
|---|
| This corporation is not a member organization |
|---|

**BENEFIT TYPE**

|   |
|---|
| This is a mutual benefit non-profit corporation |
|---|

**PRINCIPAL OFFICE PHYSICAL ADDRESS**

|                |               |          |            |
|----------------|---------------|----------|------------|
| STREET ADDRESS | 3 grove st    | CITY     | Fair haven |
| STATE          | Vermont       | ZIP CODE | 05743      |
| COUNTRY        | United States |          |            |

**PRINCIPAL OFFICE MAILING ADDRESS**

|         |               |          |            |
|---------|---------------|----------|------------|
| ADDRESS | 44 west st    | CITY     | Fair haven |
| STATE   | Vermont       | ZIP CODE | 05743      |
| COUNTRY | United States |          |            |

**Incorporator Information**

| NAME      | PHYSICAL ADDRESS                       | MAILING ADDRESS                        |
|-----------|--|--|
| john wood | 3 grove st, Fair haven, VT, 05743, USA | 3 grove st, Fair haven, VT, 05743, USA |

**AGENT INFORMATION**

| NAME           | PHYSICAL ADDRESS                          | MAILING ADDRESS                           |
|----------------|---|---|
| Brennyn gagnon | 44west street, Fair haven, VT, 05743, USA | 44west street, Fair haven, VT, 05743, USA |

**OFFICER/DIRECTOR INFORMATION**

| NAME           | TITLE     | PHYSICAL ADDRESS                           | MAILING ADDRESS                            |
|----------------|-----------|--|--|
| Brennyn gagnon | Treasurer | 44 west street, Fair haven, VT, 05743, USA | 44 west street, Fair haven, VT, 05743, USA |

**AUTHORIZER INFORMATION**

|                      |                |
|----------------------|----------------|
| AUTHORIZER SIGNATURE | Brennyn gagnon |
| AUTHORIZER TITLE     | Treasure       |



[Back](#)**Business Information****Business Details**

**Business Name:** THE COMMITTEE TO ELECT JOHN WOOD CO  
**Business Type:** Domestic Non-profit Corporation      **Business Status:** Active  
**Business Description:** Political Organization  
**Date of Incorporation / Registration Date:** 12/17/2014  
**Principal Business Office Address:** 3 grove st, Fair haven, VT, 05743, USA      **Mailing Address:** 44 west st, Fair haven, VT, 05743, USA  
**Citizenship / State of Incorporation:** Domestic/VT

**Principals Information**

| Name/Title:              | Physical Address:                          |
|--------------------------|--|
| Brennyn gagnon Treasurer | 44 west street, Fair haven, VT, 05743, USA |
| john wood Incorporator   | 3 grove st, Fair haven, VT, 05743, USA     |

**Registered Agent Information**

**Name:** Brennyn gagnon  
**Physical Address:** 44west street, Fair haven, VT, 05743, USA  
**Mailing Address:** 44west street, Fair haven, VT, 05743, USA

**Trade Name Information**

No Trade Name(s) associated to this business.

[Back](#)[Filing History](#)[Name History](#)[Return to Search](#)

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RECEIVED  
2014 DEC 30 AM 11:53  
FEC MAIL CENTER

U.S. POSTAGE  
PAID  
FAIRHAVEN, VT  
05743  
DEC 29, 14  
AMOUNT  
**\$19.99**  
00014162-05

PLEASE NOTE  
When used internationally affix customs  
declarations (PS Form 2976, or 2976A).



1007

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| ORIGIN (POSTAL SERVICE USE ONLY)                               |  |
|--|--|
| <input type="checkbox"/> 1-Day<br>PO ZIP Code                  | <input type="checkbox"/> 2-Day<br>Scheduled Delivery Date (MM/DD/YYYY) |
| 15743  | 12/30/14   |
| Date Accepted (MM/DD/YYYY)                                     | Scheduled Delivery Time  |
| 12/30/14   | <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM     |
| Time Accepted  | <input type="checkbox"/> 10:30 AM Delivery Fee                         |
| 12:05  | \$   |
| Weight   | Sunday/Holiday Premium Fee   |
| 3.4 lbs.   | \$   |
| <input type="checkbox"/> Flat Rate                             | Acceptance Employee Initials   |
| <input type="checkbox"/> First Rate                            | Employee Signature   |
| 1949   |  |
| Total Postage & Fees \$  |  |
| Live Animal Transportation Fee \$                              |  |
| Return Receipt Fee \$  |  |
| Insurance Fee \$   |  |
| COD Fee \$   |  |
| Postage \$   |  |
| <input type="checkbox"/> Military <input type="checkbox"/> DPO |  |

| DELIVERY (POSTAL SERVICE USE ONLY) |   |
|------------------------------------|---|
| Delivery Attempt (MM/DD/YYYY)      | Time  |
|                                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Delivery Attempt (MM/DD/YYYY)      | Time  |
|                                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Employee Signature                 |   |

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☐ Sunday/Holiday Delivery Required (additional fee, where available)

☐ 10:30 AM Delivery Required (additional fee, where available)

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TO: (PLEASE PRINT)  
F. D. Election Commission  
Washington DC 20463  
20463

PHONE ( ) -  
20463

ZIP+4® (U.S. ADDRESSES ONLY)  
20463

FROM: (PLEASE PRINT)  
Committee to elect Rand  
Berg  
Fair Haven VT 05743

PHONE (802) 252-3495

PAYMENT BY ACCOUNT (if applicable)

**EXTREMELY URGENT**

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(8/2013)